ENTRY BLANK
PLEASE TYPE OR PRINT Entered previous May Sho
Ms. GAIL BERG (Last Name Last)
Permanent 36/6 SUTHERLAND SAAKER Address Street City OHI
44/22 Tel. (2/6 - 2P3-577)
Zip Area Code
Temporary ———————————————————————————————————
Street City
Tel. ( )
Zip Area Code
Permanent address is in what county?
Born in Cuyahoga County Yes No
Collaborator(If Any)
If May Show entries are not accepted or not sold:
Artist will pick up at Museum.
☐ Museum should dispose of.
☐ Museum should ship to artist C.O.D. at this address:
Special Instructions When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

## THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until January 2, 1977.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature Sail Blig

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1976 MAY SHOW

The Cleveland Museum of Art
Cleveland, Ohio 44106

Dates for Pick-up of Objects

Museum Service Entrance 9:30 a.m. to 4:30 p.m., Monday through Saturday

Rejected Objects
November 15 through November 27

Accepted Objects
January 10 through January 15

It is understood that the Museum will have the right to dispose for its own account any object not called for by the dates listed.

Please keep address within this box for window envelope.

Name	GAIL BERG
Address	3616 SUTHERLAND RD.
City & State	SHAKER HTS. O. Zip 44/22

PLEASE TYPE OR PRINT.

This is the label that will be used to mail your notification of acceptance or rejection.

## ACCEPTANCE OR REJECTION NOTICE

will be mailed to you following judging.

This is your only receipt to claim your object(s). This notification

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